



**CITY OF STOCKTON  
MUNICIPAL UTILITIES DEPARTMENT  
REGIONAL WASTEWATER CONTROL FACILITY**

2500 NAVY DRIVE  
STOCKTON, CALIFORNIA 95206  
(209) 937-8750  
FAX: (209) 937-8708

# Septic Tank Truck Special Application/Permit For Wastewater Discharge

## PART A — HAULING COMPANY

**Applicant Business Name:** \_\_\_\_\_

**Business Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name of Owner of Truck:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Person to be contacted about this application, if other than owner:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address (if not above) \_\_\_\_\_

**Truck Data:**

Tank Capacity in Gallons \_\_\_\_\_ Calif. License No. \_\_\_\_\_

Key number issued to you by the RWCF: \_\_\_\_\_

**San Joaquin County Permit Number:** \_\_\_\_\_

**Certification:** I certify that the information above and on the following parts is true and correct to the best of my knowledge.  
(Must be signed by officer of company.)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title

### CITY OF STOCKTON USE ONLY

Date application mailed: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Date application received: \_\_\_\_\_ SIC Number: \_\_\_\_\_

Date permit issued: \_\_\_\_\_

Permit conditions: Yes \_\_\_\_\_ No \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Approved By \_\_\_\_\_ Title \_\_\_\_\_